

WEMMH/SB/21 (4/03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/942 317	RECEIVED CENTRAL FAX CENTER AUG 24 2005
	Filing Date	August 29, 2001	
	First Named Inventor	Thuan PHAM	
	Group Art Unit	1746	
	Examiner Name	Zeinab El-Arini	
Total Number of Pages in this Submission	15	Attorney Docket Number	8016-548/8-02-12208

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – 2 months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature	<i>James M. Durlacher</i>	
Date	August 24, 2005	

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Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	August 24, 2005

WEIMH/5B/17 (12/04)
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FEE TRANSMITTAL FOR FY 2005		Complete If Known		RECEIVED			
<p><i>Effective 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>Total Amount of Payment (\$): 450.00</p>		<p>Application Number: 09/942,317</p> <p>Filing Date: August 29, 2001</p> <p>First Named Inventor: Thuan PHAM</p> <p>Group Art Unit: 1746</p> <p>Examiner Name: Zeinab El-Arini</p> <p>Attorney Docket Number: 8016-548/ 8-02-12208</p>		<p>CENTRAL FAX CENTER</p> <p>AUG 24 2005</p>			
METHOD OF PAYMENT (check all that apply)							
<p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input type="checkbox"/> Deposit Account: Deposit Account Number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP</p> <p>See PTO 2038 Form</p> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>							
FEE CALCULATION:							
1. BASIC FILING, SEARCH AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	180	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)	
* - 20 or HP = *	x 50	= (\$)	0				
(HP = highest number of total claims paid for, if greater than 20)							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
* - 3 or HP = *	x 200	= (\$)	0				
(HP = highest number of independent claims paid for, if greater than 3)							
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
-100 =	/ 50	= (round up to a whole number) x		0			
4. OTHER FEE(S)							

SUBMITTED BY:

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Signature:	<i>James M. Durlacher</i>	Date:	August 24, 2005		

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type):	Sandra L. Stütz	Date:	August 24, 2005
Signature:	<i>Sandra L. Stütz</i>		